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| ***Exercise Name:*** Should I Stay, or Should I Go? ***Organization:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Exercise Date:*** September 12, 2023 ***Venue:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Exercise Goal:*** Assess the capability of healthcare facilities to respond to a shelter-in-place and then evacuation scenario and to implement appropriate plans and procedures to enable continuity of care for patients, residents, and clients.  |
| ***Exercise Scope:*** This exercise is a facilitated, functional, community-wide exercise. The exercise is planned for 2 ½ hours and is to be conducted at the player’s facility in collaboration with virtual scenario updates and injects from the Metro Health and Medical Preparedness Coalition (Metro Coalition). Players will include participation from the Metro Coalition, Clinics, Ambulatory Surgical Centers, Nursing Homes, Assisted Livings, Home Health, Hospice, and other congregate care settings. Exercise play is limited to exercise participants. There will be no role players/actors during this exercise. Any staff or patient/client/resident movement will be simulated only. |
| ***Core Capabilities:*** * HPP Capability 2: Health Care and Medical Response Coordination
* HPP Capability 3: Continuity of Health Care Delivery
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| **Module 1: Incident Notification** |
| **Objectives** | **Associated Critical Tasks** | **Observation Notes and Explanation of Rating** | **Rating****(P, S, M, U)** |
| **Objective 1:** Activate Shelter-in-Place plan. | **Critical Task 1:** Participants can describe how to activate their shelter-in-place plan including who has authority to activate it. |  |  |
| **Critical Task 2:** Participants can identify availability of emergency supplies (meds, food, water, etc) |  |  |
| **Objective 2:** Demonstrate processes for internal and external communications during an emergency | **Critical Task 1:** Participants can identify communication processes for: * Initial notification of event
* Internal messaging
* External messaging
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| ***Home Health Only*****Critical Task 3:** Participants can describe process for identifying clients who are in the shelter-in-place 3-mile radius. |  |  |
| **Objective 4:** Describe resources for receiving situational awareness about the event. | **Critical Task 1:** Participants can identify reliable sources for up-to-date information on the evolving situation. |  |  |
| **Module 2: Should I Stay?** |
| **Objectives** | **Associated Critical Tasks** | **Observation Notes and Explanation of Rating** | **Rating (P, S, M, U)** |
| **Objective 2:** Demonstrate processes for internal and external communications during an emergency.  | **Critical Task 1:** Participants access MNTrac Coordination Room. |  |  |
| **Critical Task 2**: Participants can locate contact information for response partners. |  |  |
| **Critical Task 3:** Participants can describe emergency staffing plan. |  |  |
| **Module 3: Or, Should I Go?**  |
| **Objectives** | **Associated Critical Tasks** | **Observation Notes and Explanation of Rating** | **Rating (P, S, M, U)** |
| **Objective 3:** Activate evacuation plans.  | **Critical Task 1:** Participants identify who has authority to activate Evacuation Plan. |  |  |
| **Critical Task 2:** Participants describe roles needed to complete evacuation. |  |  |
| **Critical Task 3:** Participants identify transportation resources, including number and types of vehicles needed. |  |  |
| **Critical Task 4:** Participants locate MOUs or transfer agreements. |  |  |
| **Critical Task 5:** Participants start to identify evacuation destinations for residents/clients/patients. |  |  |
| **Critical Task 6:** Participants describe triage and staging processes. |  |  |
| **Critical Task 7:** Participants describe process for sending medical records and supplies with residents/clients/patients. |  |  |
| **Critical Task 8:** Participants describe tracking process for:* Residents/patients/clients
* Staff
* Equipment
 |  |  |
| ***Home Health Only*****Critical Task 9:**  Participants can describe process for identifying clients in evacuation zone.  |  |  |
| ***Home Health Only*****Critical Task 10:** Participants start to identify client needs during an evacuation including:* Transportation
* Equipment
* Level of Care
* Medications
* Medical Records
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|  | **Final Capability Rating** |  |

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| **Ratings Key** |
| **P – Performed without Challenges****S – Performed with Some Challenges****M – Performed with Major Challenges****U – Unable to be Performed** |

Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RATINGS DEFINITIONS**

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| **Performed without Challenges (P)** | The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. |
| **Performed with Some Challenges (S)** | The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified. |
| **Performed with Major Challenges (M)** | The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws. |
| **Unable to be Performed (U)** | The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s). |